

**FORM** GD1 (Rev. 5/2012)

\*12 JUN 12 A10:43



## HAWAII STATE ETHICS COMMISSION

GIFTS DISCLOSURE STATEMENT
(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)
STATE OF HAWAII
STATE ETHICS COMMISSIDE

FILER				
Heirakuji		Lynn		S
Last Name		First Name		" <b>M</b> .l.
Lieutenant Governor's Office			Director, Fair Share Initiative	
State Agency			State Position	
CONTACT INFORM	IATION			
5th Floor, State (	Capitol			
Number and Street or F	P.O. Box			
Honolulu			HI	96813
City			State	Zip Code
,		•	cuji@hawaii.gov	
Telephone	Extension	Email Address		
	N (LIST EACH GIFT SEPARA)			n / / a a
			Date Received: 10/7/11	
Gift (Description):	rd trp flt Kona/lunch-	Outreach Cmt N	em, EPSCoR \	/alue/Cost: \$242
2. Donor: Univers	sity of Hawaii		Date Received: 4/	/2/12
	rd trp flt Hilo/lunch-C			
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CERTIFICATION: I he	ereby certify that the above is a	true, correct, and comp	lete statement.	
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